Report to the Legislature

Blended Funding Report

Chapter 219, Laws of 2000, Section 2

December 2002

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Department of Social and Health Services
Legislative Report on Blended Funding Projects

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Chapter 219, Laws of 2000, Section 2, as codified in RCW 74.14.A.060, requires the Department of Social and Health Services (DSHS) to report annually to the legislature on the progress in blending funds to provide enhanced services to children and their families with multiple needs. This report is the third in a series of reports to the legislature on the development and implementation of blended funding projects. This report provides information from December 2001 through November 2002.

The department has made progress in implementing formal blended funding projects for children and families, such as the Title IV-E Demonstration Waiver Project in Clark County. Additionally, this report documents the progress the department is making on implementation of projects that coordinate services to children and their families as an alternative when blended funding cannot be achieved.

Integrated projects that are not formal blending of funds such as "No Wrong Door" are examples of how DSHS is working to provide services to shared clients in a coordinated and cost-effective manner. When funding and services are coordinated, duplication is eliminated and clients receive services in a manner that is respectful and efficient. A variety of projects through "No Wrong Door" and other braided funding projects have provided a basis for improving services for children and families.

The department continues to seek further opportunities to blend discretionary funds. However, federal and state statutory barriers prohibit blending funds for the majority of the dollars that DSHS receives. Even though limited blended funding opportunities exist, DSHS will continue to explore options to blend or braid funds that improve services or access for children and their families with multiple needs. Under the leadership of Secretary Braddock, DSHS remains committed to this process.

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INTRODUCTION

In accordance with the requirement of Chapter 219, Laws of 2000, Section 2, this document has been prepared to report the work of the Department of Social and Health Services (DSHS) in blending funds to provide enhanced services to children and their families with multiple needs.

This report addresses the formal blended funding projects of DSHS for children and families that administrations have undertaken, as well as continued efforts to coordinate service provision.

As noted in the last two reports, categorical funding in most of DSHS programs limits opportunities to blend funding to provide services. This, however, does not prevent the department programs from coordinating services to shared clients. Although there are several blended funding or coordinated service projects throughout DSHS that primarily address the needs of adults, this report only addresses the projects that provide services to children and their families.

BLENDED FUNDING ACTIVITIES

Title IV-E Demonstration Waiver Project

With the passage of the Adoption and Safe Families Act (ASFA) in 1997, the federal government made demonstration waiver opportunities available to state Child Welfare Programs. The states could test innovative uses of federal funds through the Title IV-E program, allowing IV-E funds to be used for children who do not meet the eligibility criteria, and for activities outside those normally allowed. In 1999 Washington State applied for and obtained a waiver that allows up to six project sites statewide. In 2000 a project was started in Spokane County but could not be sustained. In 2002, the Clark County, site was successfully implemented. The Title IV-E requirements that are waived include:

- The child must have lived with a parent or relative of specified degree within the last six months prior to the removal from the child's home.
- The home from which the child was removed must meet the July 1996 eligibility rules for the Aid to Families with Dependent Children (AFDC) program.

The funds can only be used for eligible services, such as foster care maintenance, when the child is in out-of-home placement or adoption support after a child has been adopted, and the associated administrative and training costs related to these services. The Washington State Title IV-E Demonstration Waiver uses a managed care model and blended, flexible funding to provide comprehensive services to children in the child welfare system, between the ages of eight and seventeen. The project was designed with the hypothesis that services partnered through several child-serving entities (such as Regional Support Networks and Educational Service Districts) can provide a better outcome for children at an overall lower cost to both the state and federal government. It originally focused on children who are high cost (as defined by the individual sites) and who are in need of mental health and/or special education services, and have a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis.

This requirement was found too restrictive and CA requested, and was granted, an amendment from the federal government to drop the need for a DSM diagnosis. Additional amendments were requested and also granted to: 1) lower the age of eligibility to six; 2) revise the implementation date and projected number of sites and number of children served; and 3) allow for-profit child placing agencies to participate.

The waiver seeks to improve permanency outcomes for children by providing services in the home or placement in the least restrictive setting, decreasing the length of stay in high cost care, and preventing high cost placements. Children are randomly assigned either to a control or demonstration group following their acceptance into the project eligibility pool. One project site (Clark County) currently exists.

Children's Administration continues to seek additional opportunities for blended funding both within the current Title IV-E Demonstration Waiver and with another demonstration waiver. Although additional waiver authority expired September 30, 2002, CA is hopeful there will be a reauthorization of this waiver as proposed in several bills before Congress. DSHS would like to explore an integrated service system for families with children who are at risk of entering foster care under a Title IV-E demonstration waiver. These projects would be designed to assist families receiving Child Protective Services to access an integrated service delivery system designed to prevent foster care placement that would include, but not be limited to social services provided by the department (most notably substance abuse treatment), employment services, and other community assistance.

Clark County Project

Children's Administration and Clark County signed an initial contract in September 2001 for a Title IV-E Demonstration Waiver Project. This project was successfully implemented in 2002. It incorporates Individualized and Tailored Care principles, such as family centered, strength based and community based plan development and practices. The use of child and family teams as decision-makers provide strength based intervention planning and delivery, whole family intervention plans, and development of one plan across CA and mental health systems for each child or family. Services to meet the needs identified by the child and family team will be provided to the greatest extent possible.

The County and CA jointly fund this project. Children's Administration pays the County a case rate for each child assigned to the Title IV-E Demonstration Project group. Children are assigned one of two possible case rates by CA based upon their eligibility for Behavior Rehabilitative Services or for high cost foster care. The County adds funds to each case rate. CA is responsible for approximately two-thirds of the total project funding, and the County is responsible for approximately one-third of the funding. The costs of services for the enrolled children are paid from the pooled funds. The County is responsible for any cost overruns beyond the pooled funds. Children's Administration pays $1, 056 per month for high cost foster care and $3,168 per month for high cost group care. The county contributes $500.00 per month for children who are high cost foster care, and $1,500 per month for high cost group care.

The first referrals to the program occurred at the end of March 2002. Seven children are enrolled in the project's demonstration group, and five are in the control or comparison group as of September 30, 2002. The County and CA continue to seek project referrals from their shared clientele that meet the eligibility criteria.

OTHER BLENDED FUNDING PROGRAMS

King County Blended Funding Project (Care Management Model)

The King County Blended Funding Project began in 1998 with start-up funds from the Robert Wood Johnson Foundation, The Casey Foundation, Washington Institute for Mental Illness Research and Training, Seattle School District, DSHS Juvenile Rehabilitation Administration (JRA), and CA's Division of Children and Family Services (DCFS). The project blends funding sources and provides community supports. The 2002 blended funds are from King County Department of Mental Health-Regional Support Network (RSN), Chemical Dependency Services, Puget Sound Educational Service District, and Region 4 DCFS.

The community-based teams are lead by the child's family, a blended funding care manager, and parent advocates. United Voices, a local parent organization, provides family advocacy when the family believes that an advocate will help them understand and participate in the project. The "team " decides what will be needed to best support the child in the community. The King County Blended Funding Project allows flexibility to choose a set of supports both within and beyond available categorical services. The families are provided training and support, then given the opportunity to create and manage their own plan.

Through the use of flexible funds, a single care manger, and the support of a community-based system, the team enables:

- Families to be a full participating team member in deciding outcomes for their family;
- The child, family, care manager, community, and service systems become more motivated to change;
- Service systems and families collaborate more effectively on behalf of the children;
- The child's base of support with in her/his natural community (family, school, neighborhood) becomes stronger;
- The child's needs are met across multiple domains;
- The child's behavior and functional status improve; and,
- The costs of care decreases.

The populations of youths served by the King County Blended Funding Project are children who have demonstrated high, cross-system service needs that have not been met successfully through existing services and service rates. Additionally, eligible children are those who have received high cost services through DCFS or schools and continue to need intensive services from several systems of care. Ninety percent (90%) of the children must be CA clients, meet Medicaid eligibility requirements, and meet the medical necessity requirements of the mental health system.

Once a youth is accepted into the project, the care manager assigned to the child and family will help the family develop a community team. The family team will include a wide range of professionals, paraprofessionals, community members, and natural support networks. The team members are responsible to: create a case plan; participate in the selection of providers; develop community support; and participate in the management of the budget. Additionally, they support cost containment; participate in the evaluation of the project; develop outcomes and goals for the child and the family; and assess the effectiveness of services in meeting designated outcomes and needs.

The individualized plan makes use of both project funds and informal natural support systems to increase the opportunity for positive outcomes for the child and family. Of the total cost for implementation of the plan, up to 75% may be blended funding. At least 25% of the project costs must come from informal supports. The blended funding may be used to purchase a variety of support services, which may include:

- Mental Health: medication, therapy, day treatment, evaluation, psychiatric services;
- Alternative Health: massage therapy, acupuncture, holistic, naturopathic;
- Placement Supports: respite, foster care, residential treatment, day care, relative placement;
- Educational services: special supports to maintain in school, tutoring, therapeutic setting outside school district;
- Basic needs: clothing, food, furniture, home repairs, telephone, car repairs, eye glasses, dental;
- Recreational Activities: parks and recreation programs, entertainment, camp, music lessons, art classes; and,
- Shared supports: case aides, mentors, and interpreters.

Project Data

Fifty-four youth and their families have been served in the King County Blended Funding project since 1998. As of November 2002, there were 32 youths and their families involved with the project, for an average cost of $3,650 per month for CA. There are 17 youths receiving placement services outside their family home.

The children and families served by this project need multi-system services. By blending the funding and providing individualized services the children stay out of placement longer and are reunified faster, thus keeping the average cost down. Because of the project, the natural support systems have the skills to support the family and hopefully will continue to be a support to the family after the child is no longer a part of the project.

One of the barriers in this program is the difficulty CA has in maintaining its federal funding while blending funds to serve these high need children and families. This project began prior to the Title IV-E Demonstration Waiver Project and had its own evaluation component. It was too onerous and disruptive to fit the existing project under the requirements of the Title IV-E waiver; however, the waiver would have simplified federal funding in this project and allowed funds to be more flexibly blended.

Mental Health Medicaid Waiver

During the fiscal year 2002, the Mental Health Division contracted with the Clark County RSN to provide "…intensive mental health services in the school setting for severely emotionally disturbed children who are Medicaid eligible." The services are provided through teachers or teacher's assistants qualified as, or under the supervision of, mental health professionals. The RSN is providing the matching funds for the Medicaid dollars provided by the department. The total cost of the program for fiscal year 01-02 was $985,000 and served 1276 youths.

School-Based Prevention/Early Intervention Program

To carry out the mandate of the 1989 Omnibus Alcohol and Controlled Substances Act, the Division of Alcohol and Substance Abuse (DASA) has established an interagency agreement with the Office of the Superintendent of Public Instruction (OSPI) to create a school-based drug- and alcohol-abuse prevention/early intervention program. In 2002, over 600 schools participated in this program.

DASA provides funds to OSPI, which contracts with local grant applicants to employ more than 240 intervention specialists delivering services to students in over 600 schools (approximately two-thirds of the secondary schools in Washington State). Other funding sources for the program include: federal Safe and Drug-Free School funds; Department of Health (DOH) Tobacco Prevention Control program; general contributions from local school districts; and local, state, and federal grants. The contracted amount from DASA is $5.1 million per year. Potentially every child in the 600 schools participating in the project could be eligible for the service. There is no per child cost.

Comprehensive Program Evaluation Project (CPEP) - Safe Babies, Safe Moms

The Comprehensive Program Evaluation Project (CPEP), also known as Safe Babies, Safe Moms, seeks to improve the health and welfare of substance-abusing women and their children (ages 0-3) by early identification of pregnant substance abusers, improved access to and coordination of health care and chemical dependency treatment, and family-oriented intervention services. There are project sites in Snohomish, Whatcom, and Benton-Franklin Counties, where 381 women and their children have been served since January 2000.

This project represents a state-level consortium formed by DASA, Economic Services Administration (ESA), CA, Medical Assistance Administrations (MAA), Research and Data Analysis (RDA), and the Department of Health (DOH). Administrations braid funding to provide inpatient chemical dependency treatment through community-based treatment agencies, as well as housing support services. The primary goal of CPEP is to help in the establishment of a statewide program designed to improve the health and welfare of substance-abusing mothers and their young children. The project funding for all administrations is $4.6 million per year. The program is in the initial stages of research therefore; no cost per child is reported.

Using the three pilot sites, CPEP will determine the extent to which the project has been effective by: 1) the early identification of pregnant substance abusers; 2) improving access to health care services; and 3) providing family-oriented early intervention services for mothers and their young children. Additionally, this evaluation will seek to determine if the care and services provided to the women in this project were more appropriate than traditional services and less costly. The project compares the identified group either in terms of less expensive treatment for the mothers, or less expensive newborn care due to healthier babies at delivery, with clients at the Yakima and Spokane Parent-Child Assistance Programs. Since this project is in its initial phases, there are no conclusions at this time.

BARRIERS TO BLENDED FUNDING

Although the department has been successful in blending some of its discretionary funds, there are numerous barriers to more dollars going into such projects. In the 2001 report the department outlined several elements that prevent the blending of service dollars to occur. These barriers are still relevant now.

- Blending of federal dollars requires formal waivers, when allowed, from federal statutes and regulations.
- Restrictions on state funds through budget provisos or limiting statutes often prevent the department from combining funds to provide more flexible services.
- Eligibility for receipt of funds is restricted. Categorical or earmarked funds must be tracked, cannot be commingled, and must serve a specific designated population.
- DSHS community partner agencies interpret their ability to be flexible differently. Some are not willing to release control of their dollars. Also, non-profit and for profit providers are restricted by the grantors of their funds.

- Federal waivers do allow for more flexible use of funding but often require an onerous "experimental" approach which can be seen as a detriment by providers.

  The Title IV-E Demonstration Waiver, for example, requires a research component be built involving random assignment of cases to control and experimental groups, strict tracking of participants and dollars expended, and a guarantee of cost neutrality for federal funding.

COORDINATED SERVICES AS AN ALTERNATIVE TO BLENDED FUNDING

Blended funding involves the commingling of funds into a single source from which case managers can draw service dollars. As noted previously, few department dollars are available to blend with other service dollars. The department, in the interests of better coordinating service between service providers, is undertaking initiatives that encourage "braiding" of funds. Braided funds retain their funding streams, tracking requirements and specific eligibility for services, but are offered as part of a coordinated package of services to shared clients.

Fifty-one percent of all children served by the department receive services from more than one division or administration. Closely coordinating services the department provides these persons, not only lessens the possibility of duplicating services, but also assures DSHS administrations are not working at cross purposes with other providers inside and outside the department.

No Wrong Door

Starting in the spring of 2001, department staff from all divisions, field and headquarters, were brought together to brainstorm ways to improve services. The group identified case coordination as a critical component for providing the effective, full-spectrum care for clients. Their efforts and the subsequent project they inspired is called "No Wrong Door". During calendar year 2002 several DSHS administrations were involved in "No Wrong Door" start up projects. This report only addresses start up projects where the primary recipients of services are children and families.

The critical components for successful integration of services for all "No Wrong Door" projects include:

1. Target populations most in need of coordinated services. They are:

    - Long-term recipients of Temporary Assistance to Needy Families (TANF): Families which have been on TANF for 36 continuous months; and during the past year, some member of the household received services from Aging and Adult Services Administration (AASA), Children's Administration (CA), the Division of Developmental Disabilities (DDD), MHD, DASA, or the Division of Vocational Rehabilitation (DVR), or are receiving Supplemental Security Income (SSI), General Assistance for the Unemployable (GAU), or General Assistance – Expedited Medicaid (GA-X).

    - Troubled Children, Youth, and their Families*: Children* who have received services from CA or JRA, and during the past year, some member of the child's household received services from AASA, CA, JRA, DDD, MHD, DASA, or DVR, or are receiving SSI, GAU, or GAX.

    - Clients with Multiple Disabilities: Clients who have used services from at least two of the following programs during the past year: AASA, DDD, MHD, and/or DASA.

2. Multi-Disciplinary Teams (MDT) are composed of staff from DSHS administrations who share a mutual client. The teams may also include case managers outside DSHS, including tribal social services. The team reviews client circumstances and creates a coordinated plan.

3. Clients are involved in case planning.

4. Managers are cross-trained in the various divisions' programs so that appropriate connections are made with other case managers.

5. All Administrations use a consolidated "Consent to Exchange Confidential Information" for service coordination. This new form, which was developed in calendar year 2002, allows case managers to share confidential information between programs. It includes the necessary legal requirements and allows clients to select the agencies and individuals able to review this information. The form replaces a large number of duplicative forms offered by the various agency programs.

6. Utilize Client Registry to identify clients using multiple services of the department.

7. Where possible, budgetary flexibility to deliver targeted services to clients is encouraged.

Using the above principles, DSHS has implemented a number of case coordination projects around the state that started January 1, 2002. It is anticipated that braiding funds from the various administrations will create more efficient and effective delivery of services to shared clients. There are projects, such as the A-Teams that address the needs of adult clients with multiple disabilities and the Economic Services Administration (ESA) Shared Client Consortium for long term clients, which are not included in this report. The following "No Wrong Door" projects address needs of children and their families.

Troubled Youth Shared Clients (No Wrong Door)

This project provides coordinated, intensive services to troubled youth and their families who are shared clients of JRA and CA when youth are released from JRA facilities. The project goal is to maintain the family unit within the community, while ensuring the welfare and safety of others. JRA and CA are co-leads of the project and partners in braiding funding to serve these youth. Emphasis for case management and service delivery is on teamwork, community links, and reducing recidivism and case crises. Project sites are located in Yakima and Seattle. Each project is specifically designed to meet the needs of individual youth and address community specific issues. Case management and service delivery includes a cross program team approach involving public and community case managers to coordinate service plans for shared clients.

Yakima Site – A total of 17 clients have been served. Services focus on providing time-limited, intensive supports to stabilize youths return to the community. Initially, referrals were accepted for youth being served in the Yakima, Toppenish and Sunnyside CA Division of Children and Family Services (DCFS) offices but a recent decision was made to expand the project and consider referrals throughout Yakima County. Representatives from ESA, DASA and DDD have been regular participants in case staffings. The Yakima No Wrong Door (NWD) Project has also volunteered to be a pilot site for the new DSHS 'eRoom' collaboration software, which allows secure, client-specific electronic communication between team members.

Seattle Site – A total of 37 youth and families are involved with both DCFS and JRA. Initial activities to facilitate service delivery and increase efficiency identifying target cases included the creation of a database to track 'shared clients'. The system has resulted in approximately 30 JRA referrals to DCFS staff.

An important issue for the Seattle site was to reduce and eliminate system barriers for youth, families and service providers. To address this concern, the Seattle NWD Project established a JRA liaison position and increased opportunities for participation in agency cross training and joint unit meetings. Future plans include increased outreach to other DSHS administrations and community supports.

Disease Management Program (No Wrong Door)

The Disease Management (DM) program is being offered to eligible clients (adults or children) by DSHS MAA. Persons eligible for the program include clients with SSI and SSI related coverage, and those who receive TANF or eligible clients n0ot enrolled in Healthy Options.

The illnesses targeted for DM services are chronic conditions that can be difficult for a patient to manage, particularly without support. These include asthma, congestive heart failure, diabetes, and end stage renal disease. The direct benefits to the client include ready access to current information through the 24-hour toll-free nurse advice line and interventions tailored to their level of need, including help finding a primary physician or provider.

Administrations involved in this coordinated effort include: Aging and adult Services Administration (AASA), MHD, DASA, DDD, and CA as well as DOH. The number of clients assessed in each eligible category include: asthma, 3000; diabetes, 300; congestive heart failure, 140; and end stage renal disease, 150. In addition, a brochure has been produced and sent to all clients that use MAA services. Although all the persons who have received assessments are adults, many are parents receiving TANF and some children may be eligible that have not yet been contacted. Future efforts will be completed to ensure eligible families with children know these services are available for children as well as adults.

Infant Toddler Early Intervention Program (ITEIP)

The Infant Toddler Early Intervention Program (ITEIP) has been a braided funding program since 1995. The program supports families, Tribes, state agencies, local communities and providers to ensure that all eligible infants and toddlers with disabilities and their families in Washington State have access to individualized, quality, early intervention services in accordance with the Individuals with Disabilities Education Act (IDEA) Part C.

The Infant Toddler Early Intervention Program is located within the DSHS DDD. Four other state agencies work in partnership with DSHS through an Interagency Agreement.

Those agencies are:

- Office of Community Development, (OCD);
- Department of Health (DOH);
- Department of Services for the Blind (DSB); and,
- Office of the Superintendent of Public Instruction (OSPI).

Because no one administration in Washington State is responsible for all early intervention services, DSHS as lead agency implements an interagency agreement with each of the participating state administrations. The purpose of the interagency agreements is to ensure implementation of a statewide, comprehensive, coordinated, multidisciplinary, and interagency service delivery system for infants and toddlers with disabilities and their families.

The total number of children with Individualized Family Service Plans completed has continued to climb since 1995.

- 1995: 1,023
- 1996: 2,195;
- 1997: 2,284;
- 1998: 2,443;
- 1999: 2,781;
- 2000: 2,900;
- 2001: 3,119.

A full detailed annual report is submitted yearly to the Office of the Governor and is currently available for review.

Non-Emergent Medical Transportation Program (NEMT)

The Non-Emergent Medical Transportation (NEMT) program began in 1989. Through this program, MAA assures access to necessary non-emergency transportation services for all Medicaid clients who have no other means of transportation.

Nine regional brokers in thirteen broker regions contract with MAA to screen client requests for eligibility and arrange the most appropriate, least costly method of transportation for the client. Transportation could include (from least to most costly): public bus, gas vouchers, client and volunteer mileage reimbursement, nonprofit providers, taxi, cabulance and commercial bus and air. This transportation program is currently providing 42,916 trips per week at an average cost of $17.63 per trip in calendar year 2001, as compared to $33.73/trip in calendar year 1985 (that covered urban areas only - where today's system is statewide). Brokers work with each individual client and their particular situation to assure that transportation is appropriate to that client's needs at that time, with the lowest cost consistent with that particular client's health and safety needs.

Medical Assistance Administration has developed agreements with MHD and AASA to transport eligible clients to treatment at Mental Health Centers and Adult Day Health Centers. Agreements have also been developed to transport DASA day treatment clients, Kidney Disease Program clients, and SSI clients to eligible services.

Federal and state funds are "braided" in the NEMT. While MAA typically pays for the costs of administering the NEMT program, each DSHS program pays for the direct transportation services provided to their own clients. Costs are charged back to programs, and brokers keep full records at their sites. This "braiding" allows for full accounting for each program, while maximizing cost savings and efficiencies from fully coordinated transportation. Under the brokered system, MAA has provided more rides at a lower cost than was possible under the prior centralized system. The program reported over $1.3 million in savings for the state's fiscal year July 2001 through June 2002.

One particular coordination success is occurring in King County, where the number and percent of DSHS clients using Metro has increased from below 18% to over 23%. Every DSHS client who is now taking the bus, that previously took a taxi or a van, has increased access to their community. They can now take the bus or ADA shuttle to grocery stores, social events, church/synagogue/temple, etc. When transportation was only available by taxi/shuttle, clients often did not have transportation access for these other needs.

Co-Location of Chemical Dependency Professionals

With the establishment of WorkFirst, a new emphasis was placed on identification and treatment of substance abuse as a step toward self-sufficiency for TANF clients. Through an intra-agency agreement between DASA and ESA, chemical dependency professionals (CDPs) are placed in Community Service Offices (CSOs) across the state, an initiative that began in September 1999. Multiple tasks are performed by the CDPs at the CSOs, including on-site screening and assessment, case consultation, in-service training of CSO staff, and education of clients. Having the CDPs on-site facilitates the building of effective relationships between the treatment community and local CSOs and improves employability of TANF clients by eliminating barriers to treatment and better engaging clients in the treatment process.

Group Care Enhancement for Youths

The Group Care Enhancement (GCE) program provides chemical dependency services for over 300 youth annually in group care facilities. Chemical dependency professionals are co-located at 20 different sites across Washington, including Children’s Long-term Inpatient Placement

(CLIP), Transitional Living, and Crisis Residential facilities, as well as runaway shelters. Several of these facilities also receive funding through the Mental Health Division and the Juvenile Rehabilitation Administration. CDPs provide screening and/or assessment, individual and group counseling, chemical dependency education, and continuing care planning. They work with facility staff, mental health practitioners, and others to provide case consultation. The GCE counselor also provides education for staff regarding chemical dependency and participates in clinical staffing at the individual sites.

CONCLUSION

The department continues to look for opportunities to blend discretionary funds. However, federal and state statutory barriers continue to prohibit blending funds for the majority of the dollars DSHS receives especially federal funds. One avenue to blend funding is the Title IV-E waiver. With this waiver DSHS has been able to blend funding to address behavioral, mental health, or substance abuse issues and improve services for project eligible children and their families. In an effort to improve services to clients, the department continues to pursue better coordination of services and seamless service delivery systems even though full blended funding may not be achieved. “No Wrong Door” projects are an example of how DSHS is working to provide services to shared clients in a coordinated and cost-effective manner. “No Wrong Door” and other braided funding projects have provided a basis for improving services for children and families and DSHS remains committed to this process.

DSHS continues to research resources and programs of other States to determine if models of blended and braided funding could improve practice and ensure limited resources are used wisely and with the most impact for the client. Programs like the “Service Integration in San Mateo County, California” and the “Neighborhood Places from Louisville, Kentucky” are being reviewed for possible pilot in Washington State. As DSHS integrates funding where possible, agencies work together more effectively and improve practice and services to our clients.